State of Montana
Office of the State Public Defender

SUPPLEMENTAL REQUEST
FOR PRE-APPROVAL OF CLIENT COSTS
MENTAL HEALTH PROFESSIONAL

*The assigned attorney is responsible for keeping the pre-approved costs within the pre-approved amount. If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on this form prior to incurring any additional costs. **It is imperative for the requesting attorney to monitor costs expended to date so as not to delay the supplemental process.***

_____
Date

_____   _____
Task Provider's Name   Requesting Attorney's Name

_____   _____
Case Name   OPD Case Number

Original Pre-Approved Amount (attach copy of pre-approval form)   _____

Amount of Supplemental Request for Pre-Approval   _____

Revised Total Amount Requested for Pre-Approval   _____

Justification for supplemental request: _____

_____

_____

_____

Have you consulted with the OPD Mental Health Consultant regarding this request?

    ☐ Yes   Date and time of consultation _____

    ☐ OPD MH Consultant has Reviewed and Concurs with request

_____   _____
Requesting Attorney Signature   Date

The Requesting Attorney must complete and forward this form to the appropriate person for approval:

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Training Coordinator in cases assigned to conflict attorneys
  (Eric Olson, 610 N. Woody, Missoula MT 59802)
- The Chief Appellate Defender in appellate cases
  (Jim Wheelis, PO Box 200145, Helena MT 59620)

_____   _____
Authorized Signature ☐ Approve ☐ Deny   Date

NOTE: *Regional Deputy Public Defenders must submit to the Central Office for approval **if the REVISED TOTAL request equals or exceeds $1000**.*

The Chief Public Defender will review FTE attorney requests. The Contract Manager will review contract attorney requests.

For Central Office Use Only (Non-Conflict Cases)
Total Request including Supplemental Amount Equals or Exceeds $1000

☐ Approve ☐ Deny

_____   _____
Contract Manager/Chief Public Defender   Date